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CONFIRMATION NO. 7825

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| <b>SERIAL NUMBER</b><br>10/542,325 | <b>FILING OR 371(c) DATE</b><br>01/09/2006<br><b>RULE</b> | <b>CLASS</b><br>075 | <b>GROUP ART UNIT</b><br>1742 | <b>ATTORNEY DOCKET NO.</b><br>039185-2 |
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## APPLICANTS

Richard Kretz, Braunau, AUSTRIA;  
 Karin Renger, Braunau, AUSTRIA;  
 Gottfried Rettenbacher, Handenburg, AUSTRIA;  
 Anton Hinterberger, Strasswalchen, AUSTRIA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/AT03/00380 12/22/2003 ✓ ADD

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

13 Jan 2003 A-33 / 2003 3 ✓ ON file with PCT

|   |                             |                     |                    |                         |
|---|-----------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR COUNTRY<br>AUSTRIA | SHEETS DRAWING<br>0 | TOTAL CLAIMS<br>16 | INDEPENDENT CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after |                             |                     |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>   |                             |                     |                    |                         |

## ADDRESS

25570

## TITLE

Method for producing metal foam bodies

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1030 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                    |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                    |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                    |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                    |   | <input type="checkbox"/> Other _____                           |
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